



**Permission for General Medication**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade/Teacher : \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: (No ranges) \_\_\_\_\_

Time of day medication is to be given: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

\_\_\_\_\_

Possible side effects: \_\_\_\_\_

\_\_\_\_\_

Anticipated number of days medication needs to be given at school: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Physician: \_\_\_\_\_

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by any person employed by the Woodland Park RE-2 School District, the undersigned parent or guardian hereby agrees to release Woodland Park RE-2 and its personnel from any legal claim which they now have or may hereafter have arising out of side effects or other medical consequences of the medication.

I hereby give my permission for \_\_\_\_\_ (child's name) to take the above medication at school as ordered. I understand it is my responsibility to furnish this medication.

Date: \_\_\_\_\_ Signature of parent/guardian: \_\_\_\_\_

Note: The medication is to be brought to school in the original container. If it is a prescription medication it should be appropriately labeled by the pharmacy stating the name of the medication, the dosage, and the time it should be administered.